

POLLUTION INCIDENT REPORTDATE: _____
TIME: _____
REPORT # _____**SUBJECT: SPILL REPORT**

1. **FACILITY NAME & LOCATION:** (Select One)
Fort Richardson () Fort Wainwright ()
Fort Greely () Other () _____
2. **POC, UNIT, NAME, LOCATION & PHONE:** _____ 3. **REPORTED TO PWE:** _____
4. **SPILL OCCURRENCE DATE/TIME:** _____ 5. **DISCOVERED BY:** _____
6. **SUBSTANCE SPILLED:** MUR () AVGAS () DFA () JP4/8 () Oil () Antifreeze ()
Other: _____
7. **VOLUME RELEASED:** (Estimated) gallons _____ bbls _____ Unknown ()
8. **SPECIFIC LOCATION:** (Fill in) Bldg No. _____ Tank No. _____ Airfield ()
Pipeline Milepost _____ General Vicinity _____
9. **SPECIFIC AREA AFFECTED:** (Fill in)
Pipeline Right-of-Way () Land () Sq.Ft. _____
Inside Dike or Berm () Water () _____
Government Property () Other () _____
Private Property () _____
10. **CAUSE & SOURCE:**
Tank Overfill () Weld () Corrosion ()
Tank Failure () Valve () Vandalism ()
Frost Heave () Flange () Mechanical ()
UST () Equip. () Pipeline ()
Inattention () Accident () No Training ()
Other Comments: _____
11. **DAMAGE & IMPACTS:** (Mark & Fill in)
Vegetation () Fish () Wildlife ()
Surface Water () Ground Water () Wetlands ()
Critical habitat () Other _____
12. **DANGER:** Fire () Toxic Vapor () Other () None ()
13. **CORRECTIVE ACTION AT SOURCE:** (Fill in)
Dispatched reconnaissance () Stopped pump ()
Dispatched maintenance crew () Closed valve ()
Reduced line pressure () Repaired leak ()
Called in Contractor () Deployed boom ()
Built dike or berm () Other _____
14. **CORRECTIVE ACTION TO ELIMINATE POLLUTION:** (Mark or describe)
Absorbent () Skim () Remove Soil ()
Disperse () Burn () Flush ()
Evaporate () Pump () Other _____
15. **VOLUME RECOVERED TO DATE:** _____
16. **DISPOSAL:** (Mark or describe)
Overpacked drum () O/W Separator ()
Incinerator () To PWE ()
Undecided/hold () Other _____
17. **SAMPLES & PHOTOS:** Yes () No () Disposition _____
18. **ASSISTANCE REQUIRED:** None () IOSC ()
DPW Roads & Grounds/Enviro Res. () OSC ()
RRT () Other _____
19. **COMPLETION DATE/TIME:** (Estimate) _____
20. **MEDIA & PAO:** (Date/time report faxed to PAO) _____
21. **PERSON RESPONSIBLE FOR SPILL:** _____
22. **EXTENT OF INJURIES:** None () _____
23. **ADDITIONAL COMMENTS:** _____

Spill Reports WILL NOT be delayed due to lack of information on any item

